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23572 7590 05/27/2004

NAVAIRWD  
COUNSEL GROUP (CODE K0000D)  
1 ADMINISTRATION CIRCLE  
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Valta Hall, Legal Assistant (Depositor's name)  
(Signature)  
6/7/2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/716.979	11/14/2003	May L. Chan	95947	6855

TITLE OF INVENTION: MINIMUM SIGNATURE PROPELLANT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARDEE, JOHN R	1751	149-019100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Charlene A. Haley

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The United States of America

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Washington, D.C.

as represented by the Secretary of the Navy

Please check the appropriate assignee category or categories (will not be printed on the patent);

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4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 3

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0931 (enclose an extra copy of this form).

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(Authorized Signature) Charlene A. Haley (Date) 6/7/2004  
Charlene A. Haley, Reg 52983

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06/08/2004 AWONDAF2 00000064 500931 10716979

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OMB 0651-0033

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